

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10724 010
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51			1			
2			1				52			1			
3				2			53			1			
4				2			54			1			
5				2			55			1			
6				2			56			1			
7				2			57			1			
8				2			58			1			
9				2			59			1			
10			1				60			1			
11			1				61			1			
12			1				62			1			
13			1				63			1			
14			1				64			1			
15			2				65			1			
16			2				66			1			
17			2				67						
18			2				68						
19			1				69						
20			1				70						
21			1				71						
22			1				72						
23			2				73						
24			2				74						
25			2				75						
26			1				76						
27			1				77						
28			1				78						
29			1				79						
30			1				80						
31			1				81						
32			1				82						
33			1				83						
34			1				84						
35			1				85						
36			1				86						
37			1				87						
38			1				88						
39			1				89						
40			1				90						
41			1				91						
42			1				92						
43			1				93						
44			1				94						
45			1				95						
46			1				96						
47			1				97						
48			1				98						
49			1				99						
50			1				100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.			76				TOTAL DEP.						
TOTAL CLAIMS			81				TOTAL CLAIMS						